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INFORMATION FOR CONTRIBUTORS / AVERTISSEMENT AUX AUTEURS

The **Bibliotheca Medica Canadiana** is a vehicle providing for increased communication among all health libraries and health sciences librarians in Canada. We have a special commitment to reach and assist the worker in the smaller, isolated health library. Contributors should consult recent issues for examples of the type of material and general style sought by the editors. Queries to the editors are welcome. Submissions in English or French are welcome.

La **Bibliotheca Medica Canadiana** a pour objet de permettre une meilleure communication entre toutes les bibliothèques médicales et entre tous les bibliothécaires qui travaillant dans le secteur des sciences de la santé. Nous nous engageons tout particulièrement à atteindre et à aider ceux et celles qui travaillant dans les bibliothèques de petite taille et les bibliothèques relativement isolées. Si vous désirez nous soumettre un manuscrit, vous êtes prié de consulter quelques livraisons récentes de la revue pour vous familiariser avec le contenu et le style général recherchés par la rédaction. La rédaction recevra avec plaisir vos questions et observations. Les articles en anglais ou en français sont bienvenus.

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INFORMATION FOR CONTRIBUTORS

MANUSCRIPTS

The editors of **Bibliotheca Medica Canadiana** welcome any manuscripts or other information pertaining to the broad area of health sciences librarianship, particularly as it relates to Canada.

Contributions should be submitted **in duplicate** and the author should retain one copy. Contributions should be **typed double-spaced** and **should not exceed six pages or 2100 words.** Pages should be numbered consecutively in arabic numerals in the top right-hand corner. Articles may be submitted in French or in English but will not be translated by the editors or their associates. Style of writing should conform to acceptable English usage and syntax; slang, jargon, obscure acronyms and/or abbreviations should be avoided. Spelling shall conform to that of the **Oxford English Dictionary**; exceptions shall be at the discretion of the editors. Contributors who wish to submit their work in machine-readable format should contact the editors in advance to ensure that compatible equipment is available in the editorial offices.

All contributions should be accompanied by a covering letter which should include the author's (typed) name, title and affiliations, as well as any other background information that the contributor feels might be useful to the editorial process.

REFERENCES

All references should be given in the Vancouver style; see **Canadian Medical Association Journal** 1985;132:401-5. Contributors are responsible for the accuracy of their references. Personal communications are not acceptable as references. References to unpublished works shall be given only if obtainable from an address submitted by the contributor.

ILLUSTRATIONS

Any illustrations or tables submitted should be black and white copy camera-ready for print. Illustrations and tables should be clearly identified in arabic numerals and should be well-referenced in the text. Illustrations and tables should include appropriate titles.

AVERTISSEMENT AUX AUTEURS

MANUSCRITS

Les rédacteurs de la **Bibliotheca Medica Canadiana** sont à la recherche de manuscrits ou d'autres renseignements portant sur le vaste domaine de la bibliothéconomie dans le contexte des sciences de la santé. Nous recherchons tout particulièrement des articles relatifs à la situation au Canada et à des thèmes d'actualité.

Les articles devraient être remis **en deux exemplaires** et l'auteur devrait en garder une copie. Les articles devraient être **dactylographiés à double interligne et ne devraient pas dépasser six pages ou 2100 mots**. Prière de numéroter les pages consécutivement en chiffres arabes en haut de la page à droite. Les articles peuvent être remis en français ou en anglais, mais ils ne seront pas traduits par la rédaction ni par les associés de la rédaction. Le style d'expression écrite se conformera à l'usage et à la syntaxe acceptables du français; il est préférable d'éviter l'argot, les sigles et autres abréviations obscures. L'ortographe se conformera à celle du **Robert**; les exceptions à cette règle seront à la discrétion de la rédaction. Les auteurs qui désirent remettre leurs manuscrits sous forme électronique devraient communiquer à l'avance avec la rédaction afin de s'assurer que l'équipement compatible est disponible aux bureaux de la rédaction.

Tout article devrait s'accompagner d'une lettre explicative fournissant les informations suivantes: nom de l'auteur (dactylographié), son titre et lieu de travail, ainsi que tout autre détail que l'auteur jugerait utile à la rédaction.

REFERENCES

Toute référence devrait être citée selon le style dit de Vancouver; voir le **Journal de l'Association médicale canadienne** 1985;132:401-5. Les auteurs sont responsables de l'exactitude de leurs références. Les communications de nature personnelle ne sont pas acceptables comme références. Il ne faut citer une référence à un ouvrage inédit que si ce dernier est disponible à une adresse indiquée par l'auteur.

ILLUSTRATIONS

Les illustrations et les tableaux doivent être en noir et blanc, et prêts à l'impression. Les illustrations et les tableaux doivent être clairement identifiés en chiffres arabes et avoir des renvois clairs dans le corps du texte. Les illustrations et tableaux doivent comporter des titres pertinents.

BIBLIOTHECA MEDICA CANADIANA NEWSGATHERING FORM

The editors welcome news items from members of the Canadian Health Libraries Association, or any news that may be of interest to members. Please feel free to copy this form in any way for submission, and to attach separate sheets for lengthy items.

APPOINTMENTS? HONOURS? AWARDS?
Who
What
When
Where

PROMOTIONS? MOVES? RESIGNATIONS?
Who
From
To
When

SEMINARS? WORKSHOPS?
What
When
Where

PUBLICATIONS? BOOK REVIEWS?
What
Where
Citation

ACQUISITIONS? GIFTS? GRANTS?
What
Why
Amount
Donor

TRIPS? LECTURES? VISITORS?
Who
Where
When
Why

From:

To:
Jill Faubert, Editor
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volume 12, number 4 1991

i Information for Contributors/
Avertissement aux Auteurs
iv Newsgathering Form
183 From the Editors
184 A Worthy Challenge
-Van Reenen
185 President's Message- Quinlan
187 Un Message de la Présidente
- Quinlan
189 Policy Paper on Bilingualism
-Dryden
191 Document d'orientation sur le bilinguisme
193 Report: Hospital Library Standards
- Greenwood
196 Report: CHA/MIS Task Force
-Greenwood
197 Continuing Education:
Tips on Lecturing
- Wilcox

ORIGINAL PAPERS

201 Our Libraries in a Nutshell
- Judy Barnes
- Doris A. Asher
207 Factors Affecting the Development of Medical Librarianship as a Specialization in Nigeria
- Funmi Akhigbe
211 Implementation of a Workload Measurement System
- Johann van Reenen

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... continued

224 Library Happenings
-Catherine Quinlan
-Leslie Sutherland
-Susan Libby

NEWS AND NOTES

228 From the HSRC - Wong
229 Du CBSS - Wong
230 HSRC Advisory Committe Meeting
- Claire Kelly
232 Positions
234 Workshops/Conferences
234 People on the Move
235 Publications
235 Errata: Fact Sheet 8
235 Sympathies
236 CHLA/ABSC Board of Directors
237 BMC Staff and Correspondents
239 CHLA/ABSC Membership Form
240 ABSC/CHLA Formulaire d'adhésion

FROM THE EDITORS

This issue of **BMC** is full of letters, reports and articles which reflect the broad range and busy activity levels of the **CHLA/ABSC** and its membership.

The **Library Happenings** section contains two letters addressing issues which affect all of us: copyright and the publishing of multiple editions of single titles. Please take the time to submit similar letters to the addresses provided. We also encourage you to submit your **"library happenings"** whether it is in the form of articles, letters, news items, etc.

The articles represent a wide range of topics. The workload measurement article and the report from the MIS Task Force will bring you up-to-date. The Nutshell Plus article provides excellent descriptive information on a system which is affordable and practical, even for small libraries. The article on medical librarianship provides an interesting perspective on our profession in another country.

We have included several interesting bits of **"News and Notes".**

Finally, remember to keep your articles, letters, news items , etc. coming. We look forward to hearing from you and meeting with you at the **CHLA/ABSC** annual conference in Hamilton.

Jill Faubert
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Chatham, Ontario

A WORTHY CHALLENGE -- CHLA/ABSC BOARD MEMBERSHIP

Johann van Reenen

My term on the Executive of the **CHLA/ABSC** ended in June, 1990. I was somewhat sad, somewhat relieved and a whole lot richer for the experience. I had expected to learn how a national organization functions "at-a-distance" and to be able to advance issues I believed would benefit the profession. What I did not expect was that I would have such fun doing it, meet such excellent fellow board members and learn so much about creative problem solving and negotiation!

As an organization, the **CHLA/ABSC** is in my opinion very well run. The understanding of business practices by both treasurers serving during my term was exceptional. This position provides the backbone of the Association; without good money management we cannot fulfil our mission. The Executive Manual provides clear job descriptions and guidelines for authority and responsibility - I wish I could say this for some "real" jobs I've held!

Board meeting were long and tiring, but always productive. The evenings spent "debriefing" at someone's favourite local restaurant remain my favourite memories. Especially an evening at the "Silver Spoon" in Halifax - known for desserts made in heaven!

I was fortunate to join the Executive at a time of many exciting new initiatives: the finalization to the "standards" document, planning for the first course specifically developed for **CHLA/ABSC** (Health Statistics) and the publication resulting from it, planning for an extension of the annual conference (one half day more in Edmonton), creation of regular Fact Sheets, establishment of a workload measurement task force, etcetera.

I still work on the latter, but my particular responsibility on the Executive was Public Relations and Membership. The latter job was a breeze as Dorothy Davey of the **CHLA/ABSC** Secretariat in Toronto, did it all - she is worth every penny the Association pays for her services! In Public Relations I focused most of my attention on creating a poster to advertise the Health Information services and a brochure marketing the services and skills health sciences library staff can provide. I hope these will serve the **CHLA/ABSC** well for some years.

All this and a chance to travel! I hope this short summary will encourage some of you to run for office and keep a "far western" presence alive on the **CHLA/ABSC** Board.

My thanks and appreciation go to everyone who helped make this such a great experience for me - fellow Board members, regular members met at conferences, and all who made contact in some way or another.

A WORD FROM THE PRESIDENT

Catherine Quinlan
Director of Libraries
University of Western Ontario

The Board held its Winter meeting February 1-2 in London, Ontario. Holding a Board meeting must bring about good weather: we had excellent weather in Kingston in the Fall and the weather in London was almost balmy for February.

We did not have much time to admire or enjoy the weather as we were faced once again with a lengthy two-page agenda. At the meeting, the Board received reports from the 1991 Conference Planning committee, the **CHLA/ABSC** Task Force on CHA/MIS Guidelines, the **CHLA/ABSC** - CCHFA Liaison, as well as from members of the Board. Terms of reference for the **CHLA/ABSC** HSRC Advisory Committee representatives, and the **CHLA/ABSC** ILL Committee were examined and the position paper on bilingualism prepared by Donna Dryden was reviewed.

As part of an on-going process, the Board continued its review of a number of **CHLA/ABSC**'s working documents. The Association's By-Laws are also under review and this work has been undertaken by a Board committee composed of Vivien Ludwin, Leslie Sutherland and Susan Hendricks. If you have any comments about the By-Laws, please forward your suggestions to any member of this committee.

A report was also received from the **CHLA/ABSC** 1992 Conference Planning Committee co-chaired by Ada Ducas and Judy Inglis. I am please to report that plans are already well underway for the 1992 annual conference which will be held in Winnipeg, June 6-10, 1992. Mark that date on your calendars!

The new format and content of the 1990-1991 **Directory** were also discussed at the meeting. Thanks are due in large part to Ada Ducas who coordinated the production of this edition. Many of you have taken the time to comment about the new appearance and expanded contents and your views have been most helpful in preparing for the next edition. If you have any further comments about the **Directory**, please do not hesitate to contact any member of the Board.

By now, you will have received a copy of the preliminary program for **CHLA/ABSC** 1991 which will be held in Hamilton, June 15 - 19. Continuing education courses such as "Managing Your Hard Disk", "Evaluating Library Services", and "Designing Work Space that Really Works" as well as an exciting program promise a stimulating and

information-packed conference. In addition to the conference, Hamilton has its own set of attractions which include the Royal Botanical Gardens, the Art Gallery of Hamilton and Dundurn Castle. As well, Niagara-on-the-Lake and Toronto are less than an hour away. I hope to see many of you in Hamilton.

As I near the end of my year as President, I can not help but reflect on the year's activities. It feels like it has been a very busy year and I know that many of the Board members will concur. As an Association, you have been well-served by your Board, all of whom have been hardworking, determined and exceedingly good humoured. There are always many matters to address at the Board meetings and, without the cheerful cooperation and hard work of the Board, my term as President would not have been so enjoyable.

In particular, I would like to take this opportunity to express my sincere thanks and appreciation to Donna Dryden (Past-president), Vivien Ludwin (Treasurer) and Ada Ducas (Director, Publicity/Public Relations) all of whom will be leaving the Board after the June conference. Their contributions to the Association and to you, the members, have been significant and I know that our progress as an association would not have been as steady or successful without their participation.

I would also like to extend my thanks to you, the members, who form the backbone of the Association. Your comments and suggestions have been invaluable in allowing the Board to serve you better.

It has been an honour to serve as your President for 1990-1991.

UN MOT DE LA PRESIDENTE

Catherine Quinlan
Directrice des bibliothèques
University of Western Ontario

La réunion d'hiver du Conseil a eu lieu les 1er et 2 février derniers à London, Ontario. Les réunions du conseil semblent coincider à tout coup avec des températures clémentes: nous avions joui d'un temps magnifique à Kingston, l'automne passé, et la température, à London, était presque délicieusement douce, pour le mois de février.

Nous n'avons pas eu beaucoup de temps pour admirer - ou plutôt jouir du - climat, puisque nous nous retrouvions, une fois de plus, devant un ordre du jour de deux pages, fort chargé. Au cours de cette rencontre, le Conseil a entendu des rapports du Comité de planification de la conférence 1991, du Groupe de travail de l'**ABSC/CHLA** sur les lignes directrices de CHA/MIS, du Comité de liaison **ABSC/CHLA** - CCHFA, ainsi que des membres du Conseil. Les mandats respectifs des représentants du Comité consultatif de l'**ABSC/CHLA** sur le CBSS (Centre bibliographique des sciences de la santé) et du Comité de l'**ABSC/CHLA** sur le PEB ont été examinés, et on a révisé l'exposé de principes sur le bilinguisme préparé par Donna Dryden.

Le Conseil poursuit de façon permanente sa révision d'un certain nombre de documents de travail de l'**ABSC/CHLA**. Les statuts de l'Association sont églalement en cours de révision, et cette tâche a été entreprise par un comité du Conseil composé de Vivien Ludwin, Leslie Sutherland et Susan Hendricks. Si vous avez des commentaires concernant les statuts, envoyez-les à l'un des membres de ce comité.

Nous avons aussi entendu le rapport du Comité de planification de la conférence 1992, co-présidé par Ada Ducas et Judy Inglis. Je suis heurueuse d'annoncer que les plans sont déjà bien en place pour cette conférence qui aura lieu à Winnipeg, du 6 au 10 juin 1992. Réservez ces date sur vos calendriers!

Le nouveau format et le nouveau contenu du Répertoire 1990 -1991 ont aussi été discutés lors de la réunion. Nos remerciements vont pour une large part à Ada Ducas, qui a coordonné la production de cette édition. Plusieurs d'entre vous avez pris le temps de commenter la nouvelle apparence et le contenu élargi, et ces points de vue nous ont été fort utiles dans la préparation de la prochaine édition. Pour tout autre commentaire au sujet du Répertoire, n'hésitez pas à communiquer avec tout membre du Conseil.

A ce jour, vous aurez sans doute reçu une copie du programme préliminaire pour la conférence 1991 de l'**ABSC/CHLA**, qui aura lieu à Hamilton du 15 au 19 juin. Des cours de perfectionnement comme "Comment gérer votre disque dur", "L'évaluation des services de bibliothèque", et "Conception d'un espace de travail vraiment fonctionnel", ainsi qu'un programme attrayant, laissent entrevoir une conférence informative et stimulante. De plus, la ville de Hamilton vous offre ses propres charmes, avec les Royal Botanical Gardens, la Art Gallery of Hamilton et le Dundurn Castle. Niagara-on-the-Lake ainsi que Toronto sont également à moins d'une heure de route. J'espère vous retrouver en grand nombre à Hamilton.

A l'approche de la fin de mom mandat comme présidente, je ne peux m'empêcher de réfléchir sur les activités de cette année. Elle m'a semblé extrêmement remplie, et les membres du Conseil pourront le confirmer. En tant qu'Association, vous avez été bien servis par votre Conseil, dont chaque membre a travaillé ardument, avec détermination et beaucoup d'humour. A chaque réunion, le Conseil doit se pencher sur un grand nombre de questions, et sans la joyeuses collaboration et le travail assidu du Conseil, mon mandat de présidente n'aurait pu être aussi agréable.

J'aimerais ici remecier de façon particulière Donna Dryden (autrefois présidente), Vivien Ludwin (trésorière) et Ada Ducas (directrice, publicité/relations publiques), qui quitteront toutes trois le Conseil après la conférence de juin. Leurs engagements envers l'Association et envers vous, ses membres, ont été importants, et je sais que notre progès en tant qu'Association n'aurait pas été aussi constant ni aussi évident, n'eût été de leur participation.

J'aimerais encore étendre mes remerciements à vous tous, membres, qui formez la "colonne vertébrale" de l'Association. Vos commentaires et suggestions se sont avéré inestimables aux efforts du Conseil afin de mieux répondre à vos besoins.

Ce fut un honneur de vous servir en tant que présidente en 1990-91.

Traduction: Michelle Leblanc

POLICY PAPER ON BILINGUALISM WITHIN THE CHLA/ABSC

At the Winter Board Meeting (February 1-2,1991) of **CHLA/ABSC**, the Board approved the following Policy Paper on Bilingualism.

BACKGROUND

Since **CHLA/ABSC** was established in 1975, there have been perennial questions about the bilingual nature of the Association, specifically what should be published in both French and English. As a majority of **CHLA/ABSC** members are English-speaking, the language of business of the Association is English. The Annual General Meeting and all Board meetings are conducted in English; minutes of meetings are prepared in English; most official correspondence is in English.

Members of the Board of Directors have long been aware that it would be prohibitively expensive to publish everything in both French and English. However, it has always been recognized that there is a need to have some "official" **CHLA/ABSC** material produced in both languages. The type of material which falls into this category has increased over time, but this information has never been consolidated, nor has it been well publicized.

This Policy Paper outlines the guidelines to be used in preparing material of **CHLA/ABSC**.

GUIDELINES

1. The official name of the Association is "**Canadian Health Libraries Association/ Association des bibliothèques de la santé du Canada**". When referring to the Association, both English and French titles, or their abbreviations, should be included.

2. At least the following **CHLA/ABSC** documents will be published in English and French:

- By-laws of **CHLA/ABSC**;
- All introductory material in the **Directory**
- Membership forms for new members or renewals);
- Receipts for membership fees;
- Receipts for continuing education fees;
- Professional Standards of **CHLA/ABSC**;
- Word From the President (published in **BMC**);
- Letter of welcome from the president to new members;
- Call for nominations for Board positions;
- Election ballots for the Board positions;
- Continuing education certificates.

3. For material which is to be published in both French and English, there should be a bilingual version rather than separate French and English versions.

4. Articles published in **BMC** are printed in the language in which they are submitted.

5. Annually, the Board of Directors will review and contract for the services of a translator to translate **CHLA/ABSC** material.

6. Depending on the resources available to the Conference Planning Committee, official documents relating specifically to the conference may be produced in English only. These would include: receipts for conference registration, the program, and publicity material.

7. For all extra-ordinary publications of **CHLA/ABSC** (posters, brochures, monographs), the Board of Directors will determine, at the planning stage, whether the material will published in both languages. Translation costs will be factored into the total cost of publication.

February 1991.

Document d'orientation sur le bilinguisme au sein de l'ABSC/CHLA

A la réunion d'hiver du Conseil (les 1er et 2 février 1991) de l'**ABSC/CHLA** le Conseil a approuvé le document d'orientation suivant concernant le bilinguisme:

Contexte

Depuis la fondation de l'**ABSC/CHLA** en 1975, on n'a cessé de s'interroger au sujet de sa nature bilingue, à savoir, spécifiquement ce qui devait être publié dans les deux langues officielles. Etant donné qu'une majorité de membres de l'**ABSC/CHLA** sont anglophones, la langue des affaires de l'association est l'anglais. L'assemblée générale annuelle ainsi que les réunions du Conseil se déroulent en anglais; les procès-verbaux des assemblées sont rédigés en anglais; la majeure partie de la correspondance officielle est anglaise.

Les membres du Conseil d'administration sont conscients depuis longtemps qu'il coûterait trop cher de tout publier en anglais et en français. Toutefois on a toujours reconnu le besoin de publier dans les deux langues certains documents "officiels". Le nombre d'articles de cette catégorie a augmenté avec le temps, mais cette reconnaissance n'a été ni raffermie, ni clairement annoncée.

Ce document d'orientation décrit les lignes directrices dans la préparation de documents pour l'**ABSC/CHLA.**

Lignes directrices

1. Le nom officiel de l' Association es " **Association des bibliothéques de la santé du Canada/Canadian Health Libraries Association**". Toute référence à l'Association devrait comporter les appellations française et anglaise, ou leurs abbréviations.

2. Au moins les documents suivants de l'**ABSC/CHLA** seront publiés en anglais et en français:

-Statuts de l'**ABSC/CHLA**
-Toutes les pages d'introduction du Répertoire
-Les formulaires d'adhésion (nouveaux membres et renouvellements)
-Reçus pour frais d'adhésion
-Reçus pour frais de formation continue
-Normes professionnelles de l'**ABSC/CHLA**
-Mot du Président (publié dans le **BMC**)
-Lettre du Président aux nouveaux membres
-Appel aux candidatures pour les postes au Conseil
-Les bulletins de vote pour les postes au Conseil
-Les certificats de formation continue

3. Pour les documents devant être publiés en anglais et en français, il devrait exister une version bilingue plutôt que deux versions anglaise et française séparées.

4. Les articles destinés au **BMC** sont publiés dans la langue orginale de soumission.

5. Chaque année, le Conseil d'administration sélectionnera et engagera (à contrat) un traducteur pour les besoins de l'Association.

6. Selon les ressources disponibles au Comité de planification de la conférence, les documents officiels relatifs à la conférence pourront être produits en anglais seulement. Ceux-ci incluraient: les reçus d'inscription à la conférence, le programme, et le matériel publicitaire.

7. Pour tous les documents extraordinaires de l'**ABSC/CHLA** (affiches, brochures, monographies), le Conseil d'administration déterminera, dès l'étape de planification, si la publication dans les deux langues est requise. Les coûts éventuels de traduction se refléteront dans le coût total de la publication.

février 1991.

Traduction: Michelle Leblanc

REPORT ON STANDARDS: UPDATE ON CCHFA

Jan Greenwood
CHLA/ABSC/CCHFA Liaison

Although the schedule was very tight, many **CHLA/ABSC** Chapter Presidents and individual health librarians managed to submit proposed revisions to the 1992 CCHFA STANDARDS. The recommendations to CCHFA, reproduced below, reflect as nearly as was practical the wishes of the respondents. Changes appear in bold.

RECOMMENDATIONS:

LIBRARY SERVICES (LIB)
(Acute Care Hospitals 1991: pp. 337-360)

Global Change: Library **and Information** Services

Standard I

I.1 - Provision of services to patients **and their families**.

I.2 Cite first:
- **provision of information.**

Standard II

Library and information services ... **directed by an individual qualified in library and information services.**

II.3 Add:
-interdisciplinary conferences

II.7.1 The qualifications of the director of the service include:
- **masters degree in library/information science**
- **management education /experience**

II.7.2 The "small facilities" statement has not been welcomed by health librarians in the light of the inconsistencies that exist in the **1991 Standards**. The presumption for other services that are unlikely to be included in every small facility is that, **where such service exists it will be directed by a qualified individual**. If distinctions between small and large facilities are to be made consistently for all services affected, the wording for libraries might better read:

- **In small facilities, in the absence of a qualified librarian, Library Services are provided on a full or part-time basis by an individual (preferably a library technician) who has regular consultation with a qualified librarian. Consultations are documented.**

II.7.3 - Assessing **facility-wide** information needs...

Standard III

III.1.2 Add:

-facility-wide needs assessment

III.1.4 - Current use of collection **and services**

Standard IV

IV.3.1 For clarity, only a change in wording:

- an area for library users to read, browse, study and **use** reference materials

IV.7 Add:

- automated library systems

- access to Medline and other online bibliographic databases

Standard V

V.1.1 - The orientation to the facility is documented and provided by Education Services **and/or Human Resources**

V.1.2 - The orientation program of the service may include:

- philosophy of library services**

**Submitted as an addendum at later date.

Clearly, the issue pertaining to the omitted graduate qualification statement (II.7.1) loomed large in the responses from the field, and some librarians noted having written directly to CCHFA to express their concerns. Many of you will, therefore, be pleased to know that Ms. Marilyn Colton of CCHFA recently informed Ms. Penny Levi, President, Ontario Hospital Libraries Association, that the statement will be reinstated in 1992.

Most of the responses received reflected discomfort about the apparent and pervasive inconsistencies in the document. The cover letter that accompanied the recommendations, as well as the proposed revision to II.7.2, focused upon the ambiguities relating to small versus large institutional requirements. Ms. Elma Heidemann, CCHFA Assistant Executive Director, has given assurances that any identified inconsistencies will be carefully reviewed in preparation for 1992.

It would appear that Stage #2 of the CCHFA revision process allows for further consultation with the National Health Organizations (see **BMC 1991;12(3):129**). A meeting of these organizations is scheduled for March 27, after which any developments will be reported to the **CHLA/ABSC** Board Members and Chapter Presidents.

News from the Accreditation Field:

News about a hospital in southern Ontario reveals that the visiting accreditation surveyor did not take kindly to the Department of Education Services including within its report one for Library Services. The staff was apparently asked to re- submit a separate report for the latter, despite the fact that it now reports to the former. This

will be welcome information for librarians now troubled by the absorption of their libraries into departments with a lesser or conflicting mandate.

New Directions:

Having served as Chair of the **CHLA/ABSC** Task Force on Hospital Library Standards for three years and as the **CHLA/ABSC**/CCHFA Liaison for a further two, it is time to move on. All being well, a successor will be announced at the **CHLA/ABSC** Annual Conference in Hamilton, and my final report to **BMC** should appear in 13(1).

LATE BREAKING NEWS ITEM

At the March 27, 1991 meeting, mentioned above, all critical revisions were accepted.

REPORT OF THE CHLA/ABSC TASK FORCE ON THE CHA/MIS GUIDELINES

Jan Greenwood
Secretary

Thanks to the co-operation of the many 1990 Pilot Project participants, the Task Force is now well on its way to fulfilling its mandate.

At a meeting in Toronto on March 4, final editorial changes were made to the **Workload Measurement Systems: A Guide for Health Facility Libraries** which will form the backbone of the impending **Pilot Project #2**. This document does not purport to provide national standard times for activities; the findings of the first **Pilot Project** make it clear that the huge disparities in the ways in which health facility libraries function preclude such a determination at this time. Instead the **Guide** provides a formula for collecting, recording, calculating and reporting data.

Participants in the **1991 Pilot Project** will receive a copy of the **Guide**, along with other explanatory materials for completing the study. All being well, the data will be tabulated during May by Panos Lambiris of the Fudger Medical Library at the Toronto Hospital - General Division (formerly the Toronto General Hospital). Jennifer Bayne, Task Force Co-Chair, will give an oral report of the Project at the Annual General Meeting in Hamilton. The Task Force is hopeful that following its meeting in June, the **Guide** will be published for general distribution.

Task Force members, Jennifer Bayne in particular, continue to receive inquiries about workload measurement systems. To answer this need Susan Hendricks (Co-chair) and Jennifer Bayne are developing a workshop on the topic for presentation following final publication of the **Guide**.

In June, Joyce Kublin, a member of the Task Force since its inception, will be taking a leave of absence from her position as Circuit Librarian in Nova Scotia to travel to New Zealand. Joyce will continue to stay in touch with the Task Force through whatever means, electronic and otherwise, until such time that our task has been completed.

Details of **Pilot Project #2** and a status report on the **Guide** will appear in the next issue of **BMC**. At that time it should also be possible for the Task Force to report on its findings to hospital administrators throughout Canada, and particularly to those whose libraries contributed valuable time and effort to the **Pilot Projects**.

CONTINUING EDUCATION

Linda Wilcox
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TIPS ON LECTURING

When patrons ask you for some guidelines on how they should go about preparing a talk/presentation/lecture, I hope that you will refer to this article and some of the previous CE columns in **BMC**. Lecturing is an art that we can all learn more about and I hope that the following succinct "tips of the trade" will prove useful to you.

DR. GEORGE BROWN'S WORKSHOP ON LECTURING *

James Black
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Memorial University of Newfoundland

PREPARING LECTURES

The following steps are helpful in increasing efficiency in the time-consuming process of preparing lectures:

1. Choose Topic: unless it has been given to you.

2. Free Associate: write down whatever comes to you about the topic, facts, ideas, questions. Put a ring around important ideas.

3. Produce a Working Title: base this on the ideas you have ringed.

4. Set out a Structure: produce a rough structure of the lecture.

5. Read: Read for specific ideas and facts. Don't read too much. Reading can become a delaying strategy for the serious business of...

6. Setting out the Lecture: set out the lecture, any audio-visual aids, student activities, etc. Check that the order of subtopics is appropriate. If not, change it. Prepare a summary sheet of the lecture.

7. Prepare the opening: think of a good way of opening the lecture which will gain interest and provide the framework of the lecture.

8. Give the Lecture: rehearse it privately if you are worried about it. About 35 minutes in private is equivalent to 55

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minutes lecturing to an audience.

9. Reflect: when the adrenalin flow has subsided, think about the lecture and note any changes which need to be made.

STRUCTURING THE LECTURE

There are three principal ways of organizing a lecture, and these are outlined below:

The Classic Structure

The lecture is divided into sections and subsections, and each subsection into small units. Each subsection may contain key points, examples, extensions of the key points, qualifications, and perhaps a brief summary.

Advantages: easy to plan, useful for providing an outline of the topic, and easy to take notes from.

Disadvantages: unless structural tactics are carefully used, lecture could become a mere catalogue and recitation of facts.

The Problem-Centred Structure

This provides a framework for examining alternative solutions to a given problem. The problem is stated briefly at the outset; the subsections that follow each contain a description of the solution and its strngths and weaknesses. The final subsection contains a summary.
Common Errors: Unclear statements of the problem, confused statements for and against a solution, and impulsive cross-referencing of alternative solutions. (The most appropriate point for cross-referencing solutions is the final summary.)

The Sequential Structure

This method consists of a series of linked statements which usually lead inexorably to a conclusion.

Advantages: Can be challenging to students.

Disadvantages: Unless summaries are provided at frequent intervals, students may fail to follow essential steps in the argument. The remainder of the chain of reasoning then becomes meaningless. Gaps between key points must be kept small.

HINTS ON EXPLAINING

Important characteristics

Explaining is giving understanding to another person. It follows that to give an explanation one must know what one is trying to explain and take account of the person to whom one is giving the explanation. The most important characteristics of explaining are:

Relevance to students
Appropriate vocabulary
Logical organization
Emphasis of important points
Use of statements to link key points
Clear diagrams
Short sentences
Enthusiasm
Apt examples
Direct speech
Clarity
Interest

Students' Complaints about Lecturers' Explanations

Among the more frequent student complaints are the following:

Speaking too quickly
Too much information
Too technical a vocabulary
Talking down
Disorganized
Confusing
Boring
Inaudibility

Tactics to Help Listeners Follow an Explanation

The following tactics were recommended by Dr. Brown:

Signposts:

These are statements which indicate the structure and direction of an explanation:

Example: " I want to deal briefly with lactation. First, I want to outline the composition of milk; second, to describe its synthesis; third, to examine normal lactation curves."

Frames:

These are statements which indicate the beginning and end of a subtopic:

Example: "So that ends my discussion of adrenalin. Let's look now at the role of glucagon."

Framing statements are especially important in complex explanations which may involve topics, subtopics, and even subtopics of subtopics.

Foci:

These are statements and emphases which highlight the key points of an explanation:

Example: "So the main point is...."
"now this is very important...."

Links:

These are words, phrases or statements which link one part of an explanation with another part:

Example: "so you can see that reduction in blood sugar levels is detected indirectly in the adrenalin gland and directly in the pancreas. This leads to the release of two different hormones..."

Links are more conspicuous by their absence. Often an explainer may miss out a chunk of explanation because s/he assumes the listeners are familiar with the missing section. The more knowledgeable one is about a topic, the more likely one is to commit this error. One way of avoiding it is to look at the topic from the standpoint of the explainees. This will help one to pitch the explanation at the appropriate level.

EXPLANATIONS EVALUATED

Dr. Brown suggests the following as appropriate questions for helping instructors to evaluate their explanations:

Orientation

1. Does your opening gain the group's attention?
2. Does it establish rapport with the group?
3. Does it indicate what you intent to explain?

The Key Points

1. Are your key points clearly expressed?
2. Are your examples apt and interesting?
3. Are your qualifications of the key points clearly stated?
4. Is each key point summarised?
5. Are the summaries clear?
6. Are the beginnings and ends of the key points clearly indicated?

The Summary

1. Does your summary bring together the main points?
2. Are your conclusions clearly stated?
3. Do you come to an effective stop?

Presentation

1. Can the group hear and see you?
2. Do you use eye contact to involve but not to threaten?
3. Do you use audio-visual techniques effectively?
4. Are you fluent verbally?
5. Is your vocabulary appropriate to the group?
6. Do you make use of pauses and silences?
7. Do you vary your intonation?
8. Is the organization of your material clear?
9. Do you avoid vagueness and ambiguities?
10. Iis the presentation as interesting as you can make it?

Any "No" answer indicates that the instructors' explanations are not as explanatory as they might be.

SOME USEFUL REFERENCES

Beard, R. and Hartley, J. **Teaching and learning in higher education.** London: Harper Row, 1984.

Bligh. D. **What's the use of lectures?** Available from the University of Exeter Teaching Service, 1972.

Brown, G. **Lecturing and explaining.** London: Methuen, 1978. (A practical guide to preparing and giving lectures and explanations.)

Brown, G. **Learning from lectures.** Available from the University of Nottingham, 1979. (A programme of activities for students which were designed to help them to improve note-taking and learning from lectures.)

Brown, G. and Atkins, M. **Effective teaching in higher education.** London: Methuen, 1987. (A guide to lecturing, small group teaching, lab work, research supervision and helping students learn. Each chapter contains a review of relevant research, guidelines and suggestions, and a series of activities and tasks.)

Satterfield,J. "Lecturing." pp. 34-61 in D. Milton and Associates, **On College Teaching.** San Francisco: Jossey-Bass, 1978.

OUR LIBRARIES IN A NUTSHELL: AUTOMATING THE LIBRARY WITH NUTSHELL PLUS RELATIONAL DATABASE SOFTWARE

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INTRODUCTION

In July, 1990 the holdings records of four health sciences libraries in Lansing, Michigan were merged into one cooperative catalog. Lansing General hospital, Sparrow Hospital, St. Lawrence Hospital and the Michigan Department of Public Health shared files and provided the information to their library users. While cooperative catalogues are not unusual, what made this event unique was that the catalog was brought up on a fully integrated system developed by two of the librarians involved in the project on a relational database program. The system includes acquisitions, on-line catalog, circulation, serials control, on-line database tracking system, interlibrary loan and statistics, using the relational capabilities of **Nutshell Plus**. Unlike library specific software, **Nutshell Plus** allows each library to create layouts, macros, and functions that best suit their individual needs. Best of all, it is an inexpensive approach to the library automation project.

THE SOFTWARE

Nutshell Plus is a relational database software package for the IBM and compatible microcomputers. The original version, **Nutshell** is the version first used at Sparrow and Lansing General Hospitals. **Nutshell** does not have the relational and macro capabilities but has many of the features the library staff wanted. When the updated version, **Nutshell Plus**, became available, both libraries purchased it, giving them far greater capabilities.

Before the adoption of **Nutshell** for use at Sparrow Hospital and Lansing General Hospital, library staff had been using **dBaseIII** for acquisitions control and had not implemented automated control of any other library functions. Because the staff felt that **dBase III** was somewhat difficult and time consuming to use and reformat, it was decided to adopt a more "user friendly" and flexible database program for use with

library applications.

Nutshell was chosen because it is considered to be much easier to use than **dBase**; it allows for creation of output layouts in any format desired with very little effort; it allows for the reformatting of fields easily without losing data; and the menu for the program functions shows on the screen at all times so that commands do not have to be remembered and "cheat sheets" are virtually unnecessary. **Nutshell** also allows for exporting records in ASCII format so the data can be used with other programs if desired. These and other features made **Nutshell** a good choice.

MANAGEMENT OF MONOGRAPHS WITH NUTSHELL

In January, 1987 Nutshell was implemented to control acquisitions. The first layout was set up to include information for tracking purchase orders for books. As books are ordered the purchasing information is entered in the database. The program can then be used to create the purchase requisitions.

When books are received, it is easy to locate them in the database and add receiving information (i.e. actual price, date received, etc.). The program allows for locating a record by any field or combination of fields. **Nutshell** also truncates words automatically and will find searched words in any order that they appear in the field searched. For example, if one were searching for: **Smith's recognizable patterns of human malformations**, any combination of the words or parts of words could be used to locate that particular book, such as "Smith malform human" or "recogniz pattern malf". Using the program, library staff are able to determine if a book has been ordered. When books are received, cataloguing data can then be added to the existing records.

The next step was to set up a layout in the database to enable printing of a "New Books List" for distribution to library users. Using **Nutshell** made this very easy. Fields were assembled on another layout in the desired format in a matter of minutes. Headers can be changed easily by calling up the layout and typing the new header.

Additional layouts were formatted to print a list of books ordered and/or received by purchase order number, date received, call number, etc., for use by library staff. Custom made lists of books or journals can be prepared very easily. One recent example was an alphabetical listing of all internal medicine books in the collection.

Still another layout was added to output labels for book card, book pocket and spine in the same configuration allowed by the OCLC database using SL6 labels. The call number fields are defined as variable width so that the fields collapse and fit nicely on the pre-formatted labels. Initially this layout allowed library staff to attach holdings codes to OCLC cataloguing information for books, and produce cards on OCLC. As the cards arrived the cataloguing information can be entered into the database and labels produced saving on-line expense. Similarly, annuals were added to the database and labels produced without going on-line with OCLC. Since the on-line catalogues were made available, only shelf-list cards are ordered.

Layouts were developed for other libraries on their copies of **Nutshell** to be able to produce catalog cards. The first layout contains the minimum number of cards in a card set. These include the shelf card, main entry, one added entry and one subject entry. Additional layouts were created to print additional cards for the sets with more than one subject or one added entry.

With the upgrade of **Nutshell** to **Nutshell Plus**, relational and macro capabilities were made available. Converting **Nutshell** files to **Nutshell Plus** was as easy as calling up the database using the new program. The new capabilities made it easy to create a second file for library users to attach to the book file to create on-line circulation. At this point, Lansing General Hospital began implementing circulation control. A layout in the user database is linked to the books database for circulation. Macros are used to "zoom" to the books file and circulate books or return books. The layout in the books file includes the user information which is shared by the two databases. Adding layouts to the books database formatted as overdue notices make processing overdues easier.

At Lansing General Hospital the decision was made to input all of the library's book holding into the on-line catalog. The strategy was to enter all new books directly into the database as they were processed. As older books were circulated, their record was entered, further developing the database into that of a "working collection". As volunteer time became available, it was used to input data in mass quantities from the shelf-list. Total time to input 1700 records came to approximately 136 hours.

Lansing General Hospital also used **Nutshell Plus** to develop an audiovisuals database using the same layouts and macros as the books database. A list of audiovisual titles existed on **Multimate** word processing software. The file was exported in ASCII format and revised for importing into **Nutshell**. The process took about 2 hours and created a database of 295 records.

MANAGING SERIALS WITH NUTSHELL

In March of 1987, a database for handling serials control was created using **Nutshell**. Prior to entering the data, an inventory and weeding of the serial collections for both libraries was undertaken to ensure an up-to-date set of records. The records for 180 serials owned by Lansing General Hospital took the Library Assistant 24 hours to input.

The first layout developed handled daily check in of current issues. Library staff and volunteers find the checking-in on the microcomputer to be easier than with previous manual kardex system. A volunteer with no prior microcomputer experience checks in journals at Sparrow Hospital's Library.

Information included in the check-in layout includes ISSN number; OCLC number, needed for union list updating; vendor code; complete holdings note; claim information; acquisitions information, etc.

Using some of the above information, a layout was developed in the configuration of the reporting form for OCLC listing used by our local inputting agent. As holdings fields

are updated, library staff simply use a macro to tab to the holdings reporting fields, and modify them. Library staff will then periodically locate all the forms for a specific range of dates and print the update forms.

Another layout was added in the configuration of the claims request form used by each library's serial vendor. A macro was created to locate all monthly serials which show no issues received in over one month. Paging down through the records, missing issues can then be identified and claiming information added to the database. Claim records are then found by finding the range of claim dates entered. Once this is done, a macro is used to print claim forms.

Additional fields were created to show binding records, missing issues, and routing information, to the specific needs of each library. A macro was written to produce routing slips automatically from the issues received on the current date.

Another database was created to handle circulation of journal issues. It functions in the same manner as book circulation, except that as journals are returned, the individual record of that issue is erased.

CREATING THE ON-LINE CATALOG USING NUTSHELL PLUS

Using the relational and macro capabilities of **Nutshell Plus** a menu layout was created in its own database which linked to both the books and serials databases, thereby creating an on-line catalog. At Lansing General this menu also included a link to the audiovisual database.

In the on-line catalog, a macro takes the user to the books catalog and the layout gives instructions for finding books by author, title, or subject. The user need only enter name, title or subject and press the appropriate macro key as instructed on the screen.

When the first book found is displayed, instructions tell the user to press the [PgUp] or [Pgdn] keys to look at additional found records. Also built into the on-line catalog is the capability of printing a list of the records found to take to the shelf. In the books catalog, the macro sorts in shelf order and the journals catalog, by title.

Another macro on the main menu takes the user to the menu layout in the journals catalog. The user may then search by title of the journal or broad subject category of the individual journal. Individual articles are not indexed at any of these libraries but this could be done on **Nutshell Plus** if staff time was available.

Journals matching the information input by the user are then displayed. Since the user may select titles by subject, the program has been set up to print a list of the titles found and instructions for printing the list are shown.

LANSING'S ON-LINE COOPERATIVE HEALTH SCIENCES LIBRARY CATALOG.

On March 30, 1989, the Librarians from Sparrow Hospital and Lansing General Hospital met to share data. Information from Lansing General Hospital's on-line catalogues of books and journals was

merged with Sparrow Hospital's information. Library codes identify which hospital owns each individual volume. At the same time, information from Sparrow Hospital's on-line catalogues were merged into Lansing General Hospital's on-line catalog. These operations took about four hours for each library, and the result was a cooperative holdings catalog.

Other hospital libraries in Michigan using **Nutshell Plus** and the templates developed by the librarians at Sparrow and Lansing General are on their way to development of cooperative catalogues in their own cities. Because the size of a database in **Nutshell Plus** is limited only by the drive capacity, many libraries could share data to create cooperative catalogues in-house eliminating the need and expense of dedicated lines. Furthermore, when compared to **dBaseIII**, **Nutshell Plus** saves data in a more efficient manner, allowing more records per megabyte of memory. This means that the database can be stored on smaller drives than programs written as front-ends for **dBase**.

In March 1990, Lansing General Hospital made its on-line catalog available to its users through the use of a program called **PC Anywhere III**. Users are required to purchase at least the **ATERM** portion of the program for accessing the Library's catalog.

USING NUTSHELL PLUS FOR INTERLIBRARY LOANS

Although Lansing General Hospital uses the National Library of Medicine's on-line interlibrary loan system, Docline, there are many materials that it borrows from its local and state multi-type groups whose libraries are not on Docline. For this reason, an interlibrary loan system was developed on **Nutshell Plus**.

The system includes a database of libraries with their OCLC codes, a database for entering borrowing information called the form database, and a database for lending activity statistics. All files are accessible from the menu file and are linked to share information. The form database includes a sub menu, an input screen, a screen configured like the ALA interlibrary Loan form, the Library of Michigan Telefax Form and an ALA confirmation form. Special report functions were also developed on the ILL module.

By linking the form database to the library database, all the user has to do is to input the OCLC code in the proper field and the library's name, address and telefax number automatically appear on the screen. After entering the information required on the form, pressing a single macro will produce the appropriate forms.

The interlibrary lending database was developed for libraries tracking incoming requests from other libraries. The system will tally items borrowed from that library, items loaned to that library and calculate any charges that are to be billed based on the difference.

The library database also allows printing of labels for mailing lists and could also print rolodex cards, if desired.

ON-LINE BIBLIOGRAPHIC TRACKING DATABASE ON NUTSHELL PLUS

The on-line bibliographic tracking database was created by linking the user database to a database that included two major layouts. The first enabled library staff to input data about each search for tracking use by department, specialty, etc. The second enabled the printing of a cover letter for on-line searches.

Once a literature search is performed, the library staff finds the requester's name in the user database. Using a macro, the program flips to the on-line bibliographic tracking database where information about the search is entered. Then a find function is used to isolate the individual search and a macro prints the cover letter.

Layouts can be formatted to list titles of the searches, databases searched, etc. and calculation fields on special layouts can track total number of searches, total number of files searched, total amount of time on-line, average time on-line, total cost on-line, average cost per search, etc. Because tracking the number of searches for patient care and research is important to statistical data at these institutions, additional fields were added to do just that. At the end of each month a report is processed from the data which tells how many are done for patient care, research, instruction, etc., and what the average required turn around time was for searches performed during the month.

STATISTICS TRACKING ON NUTSHELL PLUS

A statistics database was created to track interlibrary loans, circulation, shelving statistics, etc. At the end of each day, library staff enter the current day's activities into the database.

At the end of the month, a find function is used to locate the month's activities. A macro then prints the layout containing the calculations of the month's activities. At year end, the find function locates the information for the year's activities and the macro then prints calculations for the year.

CONCLUSION

Using **Nutshell Plus** these libraries have created a fully functional on-line catalog and have been able to automate almost all library functions using one software package. The librarians continue to find new uses for the software. This software has made library functions easier, more efficient, more flexible, and inexpensive to automate.

FACTORS AFFECTING THE DEVELOPMENT OF MEDICAL LIBRARIANSHIP AS A SPECIALIZATION IN NIGERIA

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Librarianship as a profession in Nigeria will be discussed including a brief look at the effect of colonization on the culture of the people and the consequent acquired library tradition. The effects of the history of library development, librarianship and other factors on the development of medical librarianship is the focus of this paper.

COLONIAL INFLUENCE

Nigeria, the most populous country in Black Africa, is about the combined size of California, Nevada, and Arizona or four times the size of United Kingdom. It became a British colony in 1914 and gained its independence in 1960, thus becoming an independent member of the Commonwealth of Nations. Prior to the era of colonization, education was non-formal and traditional, hence there was no need for library services. The book, reading, libraries and formal education were introduced into Africa (Nigeria inclusive) by the colonizer for reasons which included the following:" as a tool for christianizing the heathens and teaching them the way of salvation; as a means for educating the target people in order to achieve the social, political and economic objectives of the colony..." [1] The Christian missionaries were instrumental in the establishment of many schools at both the primary and secondary levels. The earliest of such schools was by the Wesleyan Methodist in 1842. Most of the schools were not equipped with libraries. At the tertiary level, academic libraries were established with the founding of the University College at Ibadan, although there existed at the Higher College Yaba (established in 1934) a library catering to the needs of agricultural, forestry and medical assistants in training.

The stages of library development in Nigeria conforms with Holdsworth's statement that "the pattern of library development in Africa and elsewhere showed a progression from bread and butter libraries indispensable for the proper exercise of the function of a State (the colonial power) and for the work of industry, trade, and professional classes, through libraries of institutions of higher learning and finally public libraries,(which is) in a way a reflection of colonial interests

and priorities."[2]

The need for a medical library was stated in 1910 leading to the establishment of the Medical Research Institute library.[3] The only other medical library in the country was at the Medical Headquarters , Lagos. These two medical libraries were amalgamated into one and named the Central Medical Library. "In 1947, however, a medical librarian from the Medical Research Council was sent out by the colonial office for a period of three months, and this marked the beginning of a new era for the Medical Research Institute library. A complete and accurate catalogue was made, correct library methods were introduced and a Nigerian library assistant began his training in medical librarianship. Gradually contacts were made with Library Association (UK); the American Medical Library Association; Unesco and World Health Organization."[4] Thus the foundation of medical librarianship was laid in Nigeria in 1947 and the first Nigerian medical librarian was trained about four decades ago. Yet medical librarianship is still at its infancy struggling to survive due to factors such as the state of librarianship as a profession in Nigeria, training facilities, status, Government apathy and colleagues.

LIBRARIANSHIP IN NIGERIA

Until 1948 there was very little happening in the field of librarianship. There existed only very few libraries, prominent among which were the British Council library established in 1945 (a public library) Higher College Yaba library (1934), the three medical libraries at the Medical Headquarters, Medical Research Institute Yaba (1910), and Institute for Trypanosomiasis, Kaduna; and a few private collections.

The University College Ibadan became the first academic library under the leadership of the late John Harris. Library facilities were provided for the Faculty of Medicine with the general university library collection:[5] thus, setting the pattern for subsequent medical libraries in the country. Medical school libraries exist as branches or sections in the university libraries. This type of arrangement greatly hampers the development of a viable medical collection and the practice of medical librarianship. The central Medical library that started off well in 1947, has since remained a sub department of the Federal Ministry of Health. It is housed in a building that is grossly inadequate and very poorly funded.

TRAINING

The establishment of the Institute of Librarianship (Department of Library Studies, 1969) in 1960 at the University of Ibadan provided for training in librarianship within the country. By 1979 the Masters degree program was started. In 1968 the Department of Library Science at Ahmaadu Bello University was established offering programs in Diploma, Bachelors and Graduate studies. Since then four other library schools have been established. However, no provision has been made in any of these library schools to teach medical librarianship. The nearest to it is the course on "Special Libraries". At the University of Ibadan, about five hours are devoted to medical librarianship within this broader course. There is also the added advantage of exposure to medical librarianship during students' library internship. Most of the

librarians in Nigerian medical libraries are trained in general librarianship. except for a few who were able to study medical librarianship in either U.K. or U.S.

STATUS

Librarians are still thought of as "custodians of books" and not providers of information. The fact that the first contact person in most libraries in Nigeria are high school graduates does not help the image of librarians. Neither is the fact that the Nigeria Library Association, formed in 1962 following the break up of the West African Library Association (WALA), is yet to be recognized by the Federal Government. WALA broke up as each of the member countries gained independence from Britain.

There is no uniformity in the status accorded librarians in the Universities-/medical school libraries. Some have academic status, while some are administrative with only the University Librarian having academic status. Even with the academic librarians the salary is at a level below their counterparts in the teaching line.

GOVERNMENT APATHY

There is no library policy or legislation for Nigeria. Hence it is really very difficult to emphasize the importance of information in all spheres of the government. The Federal Government have never included in all spheres of the government. The Federal Government have never included funding for medical libraries in the National Development plans. In fact medical libraries appear to be after thoughts of the establishment of medical schools. The hospitals do not have libraries as it is very difficult to convince the health administrators on the importance of libraries or health information. This is due mainly to the fact that the services of the library can not be readily quantified. The researchers rarely acknowledge the library in their reports or papers but never forget the fund providers, colleagues and typist or secretary for deciphering their written notes.

COLLEAGUES

Perhaps the most deterring factor is the vehemence with which fellow librarians in the universities attack the attempt at medical librarianship as a specialisation in Nigeria. The misconception is that there is nothing special about medical librarianship, forgetting that timely provision of information can determine whether a patient lives or dies and that the practice of medicine or health care deals with time and precision.

Usually the medical librarians are in their prime age and mid way on the professional ladder, full of new ideas for improvement, especially after exposure to medical librarianship as practised in developed countries. Unfortunately they have to report to a senior colleague who is not in the least interested or who feels jeopardised. These bright ideas are squashed and never get to see the light of day. This is the same problem plaguing the Medical Library Association of Nigeria (MLAN) and has so far made it impossible to function as desired. Such frustrating conditions have forced a number of medical librarians to seek "greener pastures" either outside the country or within a different aspect of librarianship. This lack of continuity and senior colleagues to look up

to for leadership has resulted in apathy on the part of the remaining medical librarians.

CONCLUDING REMARKS

The future of medical librarianship is bright in Nigeria, however concerted effort of everybody involved in health care provision is essential. It is not encouraging to strive for library materials when the users of the information are not enthuastic about it. Presently there are 16 medical schools and a handful of health information centres scattered all over the country. There is no doubt that the involvement of the National Medical Council is very important especially in creating an open forum with the Federal Government for meaningful discussion of provision of well equipped and standardised health sciences libraries/ information centres for hospitals, ministries (federal and stat) , and medical schools in the country.

REFERENCES

1. Amadi, Adolphe O. The emgerence of a library tradition in pre- and post-colonial Africa **International Library Review** 1981;13:65-72.

2. Holdwsworth, H. University and special libraries and higher education in Africa. **UNESCO Bulletin Library** 1961;15:254.

3. **Report of the Commission on Higher Education in West Africa.** (Chairman: Right Hon. Sir Walter Elliot); CMD6655 London HMSO. 1945.

4. Canon, D.A. The development of medical library facilites in Nigeria. **Libri** 1954;3: 184-187.

5. Harris, John. Medical facilities in the library of the University College, Ibadan. **Libri** 1954;3: 188-190.

IMPLEMENTATION OF A WORKLOAD MEASUREMENT SYSTEM: A CASE STUDY

Johann Van Reenan
Director, Education Services
Greater Victoria Hospital Society
Victoria, British Columbia

Health care is under pressure to do more with less and Health Sciences Libraries cannot escape the search for improved productivity and proof of cost-effectiveness.

A workload measurement system is a useful quantitive evaluation tool. It is not perfect as we shall see, but it will become one of the necessary business skills for Library managers, and one of the ways to prove the worth of library and information services to the parent organization. The more elegant and accurate such a system is, the more credible the data will be for decision makers.

The Victoria Medical and Hospital Library has been building towards a workload measurement system since the mid 80's. I hope you will find a brief case study of our experience useful. We recognize its shortcomings and weaknesses and are therefore strong supporters of national guidelines for workload measurement systems (WMS) in libraries.

WHAT IS WMS?

Workload measurements examine the amount of time needed to do sets of activities for a fixed period and match these "activity hours" to hours worked. In some cases these measures are only applied to key indicators of productivity. Most libraries have been keeping statistics, for instance the numbers of acquisitions per annum; these are valuable but should not be confused with workload measures. (Fig.1)

CASE STUDY

The Greater Victoria Hospital Society is an amalgamation of 3 health care facilities spread over 4 sites. The libraries were amalgamated in 1985. One, the Victoria Medical Society/Royal Jubilee Hospital Library (VMS/RJH), had a "statistics of use" system based on a selected list of broadly defined functions. The other sites had no formal systems. One of the goals of amalgamation was to rationalize the use of services and resources across sites and for the Greater Victoria area. This required good data, thus an early emphasis was placed on developing workload measurements. After some lobbying by myself, the VMS/RJH library was used to pilot a workload measurement system subsequently used for all support departments.

A Management Information Services (MIS) analyst was assigned to us for a short period. We made a list of primary responsibilities and of major functions. (Figure 2)

An excellent description of this process and the step-by step development of workload standards is provided by Sharon Phillips in a recent Bulletin of the Medical Library Association. Suffice to say, that once we had a list of workload indicators for all variable, non-administrative functions, and suitable definitions for each, we did a two-week time study. (Figure 5. provides an example of a significant key indicator and its component breakdown.) Data from this provided workload standards. (Figure 3.) The CHLA/MIS Task force did this same process, but in greater detail, with 25 participating health care libraries during February/ March, 1990. Workload standards for specific activities may change over time, especially when physical conditions change and with the introduction of new technology, eg. manual to automated cataloguing. Ongoing review and time tests are important for good data. We have not revisited our standard times regularly enough.

DESIGNING THE DATA COLLECTION SYSTEM

Armed with workload standards for components of key indicators, we were faced with the difficult decision: do we collect data on all components or do we chose only non-administrative functions and roll these directly into key indicators which can be trended by financial managers and will be more useful for administrators? Our deliberations favoured the latter and resulted in an hybrid Standard Time Recording System. (Figure 4)

Data collection forms (Figure 5) are used by library staff to document their activities. They need only record the number of times each activity is done; the software program automatically derives activity hours by multiplying these with the respective workload standard.(Figure 6)

DATA ANALYSIS

Data from each financial period is cummulated on a **Workload Summary Form** and sent to the Statistics Office. Here it is keyed into a LOTUS(TM) spreadsheet formatted into the **Resource Management Report.** Most of the data is entered manually using a PC/AT with hard disc.

INTERPRETATION AND USE OF WORKLOAD DATA

The Resource Management Reports generated by MIS (Figures 7 and 8) can be used to set long term performance goals and for bimonthly and annual reviews of productivity. A performance index can be used to do so (Figure 9).

PERFORMANCE GOALS

As data accumulates from year to year, the library manager and appropriate functional officer may establish performance or productivity goals for each financial year, eg. % goal for activity hours compared to hours paid. Measures taken to improve productivity should result in a higher percentage. To quote Phillips :"The performance goal represents a final step in setting up the productivity measurement program. The goal serves as a standard of typical library productivity against which all subsequent departmental productivity can be compared." In our situation, we have trended total **Reference service hours** compared to hours worked but have not established a

productivity goal.

SO WHAT?

At a recent staff meeting someone put on the agenda "Why do we keep stats and what do you do with it?" It was pointed out that an additional staff member was added, partly because we could support our case with credible statistical workload data. That is one of the obvious benefits of workload measurements. Figure 11 lists more benefits and risks, while Figure 10 deals with the most important ongoing management activity pertaining to WMS: Review of Performance

FIGURE 10

WORKLOAD MEASUREMENT AND LIBRARY MANAGEMENT

Review of departmental performance

SHORT TERM

-reviewed by library managers, functional officers, etc
-look for variances from goal.
-analysis of trends.
-discussion of:
causes; corrective action ; fluctuation, normal and abnormal

LONG TERM

-identify and measure changes in productivity for particular activities.
-show effects of facility design on productivity.
-insight into use patterns of clients
-insight into Library staff utilization.

FIGURE 11.

ADVANTAGES OF WMS

EDUCATION PROCESS

The usually irregular fluctuation of library workload measures, provide opportunities for useful discussion of the unique nature of library services (as opposed to nursing services). with administrators.

VISIBILITY

Review of department performance by senior management provides high visibility.

BUSINESSLIKE EMPHASIS

Highlight the library's ability to prove its productivity.

IMPACT ON BUDGET ALLOCATIONS

A businesslike approach to justification of needs eg. cost effectiveness of automation, may result in improved funding.

RATIONAL INTERNAL MANAGEMENT DECISION MAKING

Assist in:

-strategic change eg.
implementing changes during slow times; staffing: planning vacation time, relief/back-up etc.; shifting emphasis eg. from technical to reference.
-developing service fees
-comparing efficiency of library functions on a regular basis

-keeping library staff thinking about how and why activities are done, and how they can be done more cost-effectively.

DISADVANTAGES

-risk of interpretation.
-additional staff and management tasks.
-for staff in recording stats.
-for management in analyzing and explaining workload measures and creating reports.

WHAT DO WE NEED TO DO?

Creating a national health sciences library workload measurement system is no small challenge, Figure 12 addresses some of the crucial actions ahead for the **CHLA/ABSC** and its members.

FIGURE 12

THE CHALLENGE

Educate and communicate to improve outcomes and to reduce the risk of interpretation.

WE NEED TO:

-create a credible National Library workload measurement system.
-educate our members and inform our administrators about this.
-balance quantitative with qualitative evaluations of library services.
-establish links with other hospital-wide systems eg. Q.A.
-communicate effectively and skilfully with Administrators in the interpretation of outcomes.
-build commitment by library staff to accurate and consistent recording.

CONCLUSION

Why, you may ask, are we at the GVHS interested in an Average Time Workload Measurement System, when we have our own? The reasons are simple; we realize that our system is full of holes and are looking forward to:
. Eliminating the "hybrid" parts of our system
. Expanding and refining our list of indicators
. Having national performance goals against which to measure our service.

The resulting ability to demonstrate library productivity based on a system approved by the **CHLA/ABSC** rather than one imposed on individual libraries will be well worth our efforts.

REFERENCES

1. Canadian Health Libraries Association/MIS Task Force. Workload Measurement Systems.**CHLA/ABSC Fact Sheet**, 1989, NO. 5

2. Phillips, S.A. Productivity measurement in hospital libraries: a case report. **Bull. Med. Libr. Assoc.** 1990 78(2): 146-54.

FIGURE 1

$$\text{PRODUCTIVITY} = \frac{\text{OUTPUT (Results Achieved)}}{\text{INPUT (Resources consumed)}}$$

FIGURE 2

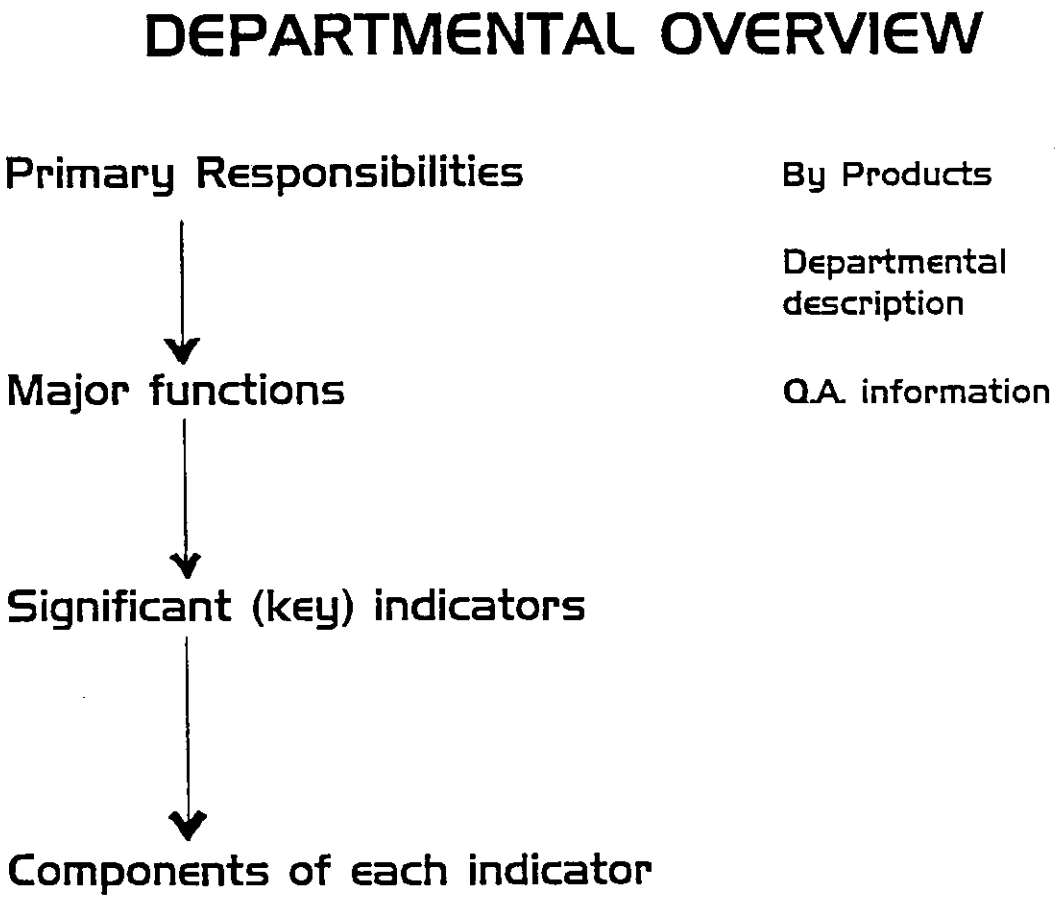
DEPARTMENTAL OVERVIEW
Primary Responsibilities
Major functions
Significant (key) indicators
Components of each indicator
By Products
Departmental description
Q.A. information

FIGURE 3

WORKLOAD STANDARD

HOURS PER ITEM/ACTIVITY

Time required for job/activity ÷ Number of Jobs/products = Workload Standard

Example:

Telephone calls - short information

$$\frac{25 \text{ hours}}{500 \text{ calls}} = 3 \text{ min. per call} = \text{workload standard}$$

FIGURE 4

METHOD OF CHOICE

'Hybrid' Standard time recording

In-house developed standard time values (units) for selected procedures (jobs).

Additionally: actual time recording for 2 functions:

Research assistance
Serials management

FIGURE 5

INTERLIBRARY LOANS

VICTORIA MEDICAL & HOSPITAL LIBRARIES

REFERENCE STATISTICS FOR: _____ TO _____. STATISTICAL PERIOD: _____.

	IN PERSON	BY TELEPHONE	ILL's HANDLED	PHOTOCOPYING
GENERAL	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99
EXTENDED	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50		

- Receipt of request
- Verification
- Location of item
- Pulling/Reshelving
- Photocopying
- Delivery/call to pick-up
- Record keeping

FIGURE 6

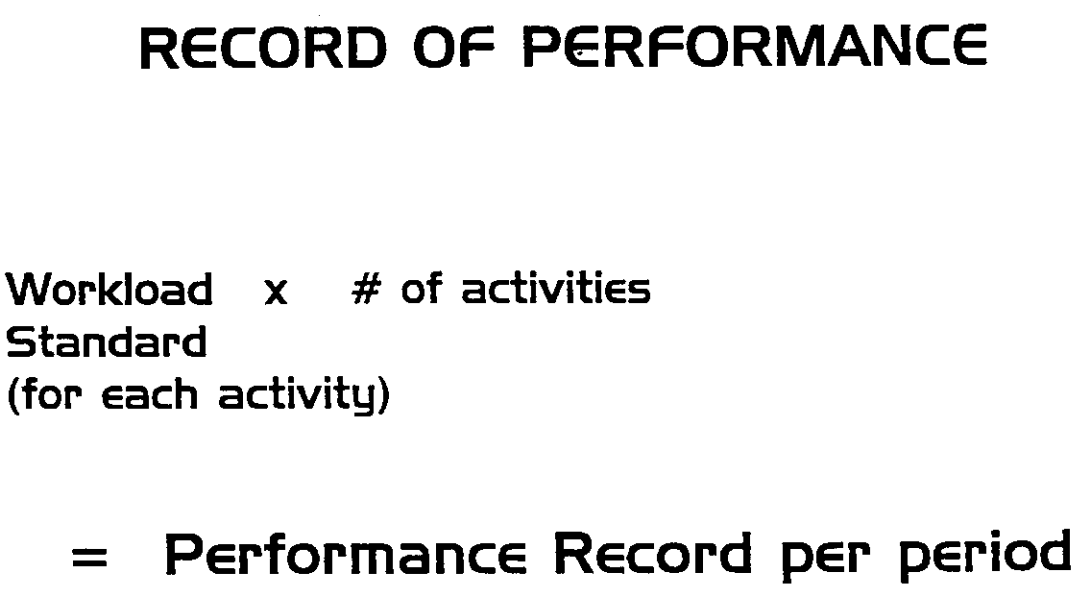
RECORD OF PERFORMANCE
Workload x # of activities
Standard
(for each activity)
= Performance Record per period

FIGURE 7

GREATER VICTORIA HOSPITAL SOCIETY R E S O U R C E M A N A G E M E N T R E P O R T

SITE: GVHS
FUNCTION: PATIENT CARE & EDUCATION
SECTION: EDUCATION SERVICES
DEPARTMENT: LIBRARY SERVICES
COST CENTRE: 5525

89/90 REPORT PERIOD: 13
Mar 02, 1990 TO Mar 31, 1990

DEPARTMENT ACTIVITIES

REFERENCE SERVICES

REPORT PERIOD	INFORMATION REQUESTS – SHORT NUMBER	SHORT HOURS	LONG NUMBER	LONG HOURS	RESEARCH SUPPORT HOURS	TOT INFO REQUESTS (HOURS)	PHOTOCOPYING BY STAFF NUMBER	BY STAFF HOURS	ON-LINE COMPUTER SEARCH NUMBER	SEARCH HOURS	INTER-LIBRARY LOANS NUMBER	LOANS HOUR
01	880	73.33	232	116.00	0.00	189.33	494	82.33	70	5.83	576	48
02	1096	91.33	309	154.50	0.00	245.83	443	73.83	73	6.08	594	49
03	433	36.08	120	60.00	0.00	96.08	252	42.00	31	2.58	302	25.
04	560	46.67	220	110.00	0.00	156.67	350	58.33	58	4.83	412	34.
05	502	41.83	220	110.00	0.00	151.83	407	67.83	44	3.67	242	20.
06	969	80.75	330	165.00	0.00	245.75	440	73.33	70	5.83	569	47.
07	986	82.17	259	129.50	0.00	211.67	640	106.67	64	5.33	510	42.
08	905	75.42	261	130.50	0.00	205.92	466	77.67	79	6.58	494	41.
09	1317	109.75	353	176.50	0.00	286.25	475	79.17	78	6.50	840	70.
10	770	64.17	188	94.00	4.00	162.17	387	64.50	49	4.08	557	46.
11	1027	85.58	210	105.00	10.00	200.58	421	70.17	62	5.17	585	48.
12	1077	89.75	348	174.00	0.00	263.75	631	105.17	73	6.08	690	57.
13	778	64.83	343	171.50	7.00	243.33	440	73.33	107	8.92	409	34.
YTD:	11300	941.67	3393	1696.50	21.00	2659.17	5846	974.33	858	71.50	6780	565.
AVG:	869	72.4	261	130.5	1.62	204.6	450	74.9	66	5.5	522	43

DEPARTMENT ACTIVITIES CON'T

REPORT PERIOD	TOT REFERENCE SERVICES NUMBER	TOT REFERENCE SERVICES HOURS	RESOURCES CURRENT JOURNAL SUBSCR. (HOURS)	RESOURCES MONO-GRAPHS CATALOG. (HOURS)
01	2252	325.50	54.00	74.00
02	2515	375.25	66.00	48.00
03	1138	165.83	28.00	34.00
04	1600	254.17	48.00	28.00
05	1415	243.50	66.00	31.00
06	2378	372.33	68.00	21.00
07	2459	366.17	72.00	41.00
08	2205	331.33	66.00	8.66
09	3063	441.92	68.00	9.00
10	1951	277.17	66.00	18.66
11	2305	324.67	72.00	19.66
12	2819	432.50	72.00	7.00
13	2077	359.67	72.00	13.66
YTD:	28177	4270.00	818.00	353.64
AVG:	2167	328.5	62.9	27.2

FIGURE 8

GREATER VICTORIA HOSPITAL SOCIETY R E S O U R C E M A N A G E M E N

SITE: GVHS
FUNCTION: PATIENT CARE & EDUCATION
SECTION: EDUCATION SERVICES
DEPARTMENT: LIBRARY SERVICES
COST CENTRE: 5525

89/90 REPORT PERIOD:
Mar 02, 1990 TO

REPORT PERIOD	PAID /BUDGET	WORKED /PAID	REFER. SVC HRS /WRKD HR	INDICATORS: SHORT REQUEST HRS/TOT INFO REQ. HOURS	LONG REQUEST HRS/TOT INFO REQ. HOURS	PHOTO. HRS/TOT REFER. SERVICE HOURS	INFO REQ HRS/TOT REFER. SERVICE HOURS
01	0.0%	93.9%	0.56	38.7%	61.3%	25.3%	58.2%
02	0.0%	92.9%	0.62	37.2%	62.8%	19.7%	65.5%
03	0.0%	98.7%	0.31	37.6%	62.4%	25.3%	57.9%
04	0.0%	84.8%	0.54	29.8%	70.2%	23.0%	61.6%
05	0.0%	69.9%	0.51	27.6%	72.4%	27.9%	62.4%
06	0.0%	84.9%	0.66	32.9%	67.1%	19.7%	66.0%
07	0.0%	73.4%	0.61	38.8%	61.2%	29.1%	57.8%
08	0.0%	86.4%	0.57	36.6%	63.4%	23.4%	62.1%
09	0.0%	90.4%	0.73	38.3%	61.7%	17.9%	64.8%
10	0.0%	77.1%	0.55	39.6%	58.0%	23.3%	58.5%
11	0.0%	87.2%	0.52	42.7%	52.3%	21.6%	61.8%
12	0.0%	98.3%	0.62	34.0%	66.0%	24.3%	61.0%
13	0.0%	84.8%	0.55	26.6%	70.5%	20.4%	67.7%
AVG:	0.0%	86.4%	0.56	35.4%	63.8%	23.1%	61.9%
STNDRD:							

DISCUSSION:

Library services is responsible for ordering, maintaining, cataloguing, circ
collection of books, periodicals, cassettes, audio/visual and other services fo

FIGURE 9

PERFORMANCE/PRODUCTIVITY

$$\frac{\text{Activity hours}}{\text{Hours worked}} \times 100 = \text{Performance Index}$$

$$\frac{\text{Reference Service hours}}{\text{Worked hours}} \times 100 = 56\%$$

LIBRARY HAPPENINGS

The following letters provide first hand examples of the types of issues facing health science libraries. In both instances, you are encouraged to submit similar letters, if you are facing these problems and wish to add your voice to the issues outlined in these letters.

Canadian Health Libraries Association/ Association des bibliotheques de la santé du Canada

March 11, 1991

The Hon. Marcel Masse, M.P.
Minister of Communications,
Journal Tower North,
300 Slater Street,
Ottawa, Ontario
K1A 0A6

Dear Mr. Masse:

Re: Fair Use in Copyright Legislation

Recent changes to the Copyright Law (Bill C60) have ensured that authors are fairly compensated for use of their creative literary works by the Canadian public. Members of the **Canadian Health Libraries Association /Association des bibliotheques de la santé du Canada** (CHLA/ABSC) agree wholeheartedly that this type of compensation, particularly in the domain of public library lending and use, is fair.

However, Bill C60 as it now stands without the passage of Phase II fails to address the needs of scholars who wish to have their published research disseminated to the academic community. Scholars, unlike authors of literary works, expect that the academic community will make a single photocopy of their work for research purposes and private study, particularly where competition for library materials that contain current biomedical information in the form of scientific journals, is high.

Phase I of Bill C60 also ignores the needs of librarians who are asked to provide simultaneous, multi-user access to journal literature in the library in support of teaching programs in the health sciences. In a time of fiscal restraint, the ability of the library to purchase duplicate subscriptions of commonly used journals for students is limited. Similarly, the students can ill afford the cost of personal subscriptions as the average cost of a medical journal is estimated at $214.13 (US) dollars per annum in 1990 [1]

Exemptions to the existing Law as previously proposed would be feasible for librarians to place a single photocopy of a journal article on reserve for student use for the duration of a course, thus protecting the original journal from theft or overuse. This practice would also free the original journal to circulate to physicians or other health professionals where needed.

Changes to Bill C60 would also make it easier for health science libraries to engage in resource sharing. Under a resource sharing agreement, a consortium of libraries decide where journals supporting a specific subspecialty in the health sciences will be housed, and subsequently shared among the other libraries belonging to the consortium. Traditionally, user's requests for photocopied journal articles from other institutions belonging to consortiums have been satisfied through inter-library loan. This practice will end should protection by law not be forthcoming, thus resulting in the installation of expensive journal delivery services between libraries and/or forcing individual libraries within the consortium to duplicate journal resources.

Members of **CHLA/ABSC** believe it is not the intent of Government to have the taxpaying public bear additional operating costs for health science libraries in Canada, particularly when Bill C60 can be slightly altered to balance the needs of the scientific community against those of the generators of creative works. By instituting Phase II of the bill as promised, legislators will contribute to the growth of health sciences in Canada, and ultimately, the health of our nation.

[1] Fortney, LM, Basile, VA . Index Medicus Price Study. Birmingham, Al : EBSCO Subscription Services, 1990; 3.

Sincerely,

C. Quinlan, President **CHLA/ABSC**
L. Sutherland, Secretary, **CHLA/ABSC**

Nov. 7, 1990

Ms. Mary B. Mallison, R.N.
Editor, American Journal of Nursing
555 West 57th Street
New York, N.Y.
10019-2961
U.S.A.

Dear Ms. Mallison:

I am writing you to protest in the strongest possible terms the decision to publish different editions of the American Journal of Nursing.

When I recently discovered-quite by accident- that some American Journal of Nursing articles were missing from my library's issues of the journal, I phoned your office in an attempt to find out what was going on. The person to whom I spoke mentioned a "hospital edition" and a "library edition", but could not explain to me how many editions there are, what are the differences among them, and who decides which subscribers will receive which editions. I wonder which of the two editions mentioned above should be supplied to my hospital library?

Your staff member did offer replacement issues for the first half of the year, and the five issues which she did send me have just arrived. Upon examining them and comparing them to the issues which were sent as part of our subscription, I am no less perturbed.

It appears that the only way to tell one edition from another is to look for a series of stars at the base of the spine of each

issue. Some issues now before me have three stars, some have four, and some have none. What is the difference between four-star, three-star, or no-star editions? Are there one-star and two-star editions as well? If so, what is in them?

I have received five "replacement" issues from the first half of 1990. The January "replacement" has no stars and appears to be the same as the one we originally received. Does this mean that there was only one edition of the January issue or was I sent the wrong edition?

The February and June replacements are three-star issues. In each case the three-star issue has exactly four extra pages- and three of these are advertisements. The one extra page of text includes, in the case of the June issue, a section call "Critical Questions", which is not mentioned anywhere in the table of contents. Allow me to suggest to you that the questions cannot be all that critical if it is not necessary to include them in all editions of the journal, nor to mention them in the table of contents of the edition in which they do appear! In the case of the February issue, the extra page of text is a continuation of the "Clinical News" section, but the individual reports on the extra page are not listed on the contents page as is the case with the two reports from the first "Clinical News" page which is common to both editions. Looking at the contents pages of the various February and June issues, it is impossible to distinguish between the editions; this can only be done by a page-by-page comparison of the issues.

My March and May replacements are four-star editions. They each contain a separate multi-page section called "Today's Nurse Manager" which - wonder of wonders- is included in the contents page.

Your staff member who sent the replacement issues assured me that I would not need any other replacements beyond the first half of 1990, because I would by now be receiving the "complete"- whatever that means- edition of each issue. All I can say in response is that to date none of the issues we have received on our subscription have any stars on the spines at all.

I would be most grateful if you could give me a coherent explanation of the present publishing program for the American Journal of Nursing, and the reasons why this program has been instituted. Have you and your editorial board any conception of- or any interest in - the trouble and confusion you are causing to nurses, researchers, and librarians with your present publishing policy? How many editions are being published of each monthly issue? Is there such a thing as a complete edition which includes all the extra pages? Who decides which editions will be sent to which subscribers: Why are subscribers not consulted as to which edition they would prefer? Why do I and my nurses not have a right to the same pages as are sent to other subscribers? Have we not paid the same price for our subscriptions?

I feel that subscribers have the right to expect that if they order and pay for the American Journal of Nursing that is what they will receive. I am sure that is what we have all assumed- until now. When those who depend on the American Journal of Nursing for quality nursing literature discover that what they have is incomplete, there will be endless difficulty in obtaining

the bits that are missing especially since all the sources to which readers will apply will also have assumed that they have received the " complete" journal, and each will in turn make the painful discovery that they have been deceived - I might even say cheated.

I expect that this is not the first complaint on this subject that you have received - and I shall do my best to ensure that it is not the last. I look forward to receiving your response.

Yours truly,

Susan Libby
Hospital Librarian

cc: Canadian Health Libraries Association
North American Serials Interest Group

FROM THE HEALTH SCIENCES RESOURCE CENTRE

Maureen Wong
Health Sciences Resource Centre
Canada Institute for Scientific and Technical Information
Ottawa, Ontario

CANADIAN LOCATIONS OF JOURNALS INDEXED IN MEDLINE

Due to production delays, the 1990 edition of **Canadian Locations of Journals Indexed in Medline** was available for purchase only in September. Since orders for the 1990 edition are still coming in steadily due to this delayed distribution, it has been decided not to publish a 1991 edition. Instead, HSRC will make every attempt to ensure that the publication of the 1992 edition is more timely.

INTERLIBRARY LOANS FROM THE U.S. NATIONAL LIBRARY OF MEDICINE

The U.S. National Library of Medicine has undoubtedly the largest collection of biomedical literature in the world. The NLM collection serves as a backup for all U.S. biomedical libraries. As well, interlibrary loan service for photocopies of journal articles is extended to Canadian libraries when the item requested is not available nationally. For the past two years, HSRC has received an annual list of titles requested from NLM by Canadian libraries. We review these lists and recommend purchases for the CISTI collection when the subject falls within the scope and coverage policy governing our collection. However, to our surprise, we notice that quite a number of journal titles appearing on the list are actually available from CISTI. Some of the titles that are available from CISTI and yet requested frequently from the NLM are:

- Blood reviews
- General physiology and biophysics
- Functional neurology
- Gynecological endocrinology
- Health care supervisor
- Journal of cardiovascular nursing
- Journal of diabetic complications
- Journal of human hypertension
- Journal of perinatalogy
- Life support systems
- Medical laboratory world
- Oncogene research

GRATEFUL MED COURSES

HSRC is now presenting a new half-day **GRATEFUL MED** course. This course covers the basics of the **GRATEFUL MED** programme. It is intended for individuals who are interested in learning how to use **GRATEFUL MED** to search the MEDLARS system. It is also of interest to librarians who are often approached by their clients with questions about **GRATEFUL MED**.

Centre bibliographique des sciences de la santé

M. Wong
Centre bibliographique des sciences de la santé
Institut canadien de l'information scientifique et technique
Ottawa, Ontario

Dépôts canadiens des revues indexées pour MEDLINE

En raison de retards de production, l'édition 1990 de Dépôts canadiens des revues indexées pour MEDLINE n'a pu être mise sur le marché avant le mois de septembre. Comme les commandes de l'édition 1990 affluent toujours à cause de la destribution tardive, le CBSS a décidé de ne pas publier l'édition 1991, mais de faire tous les efforts possibles afin que l'édition 1992 paraisse à temps.

Prêts entre bibliothèques de la U.S. National Library of Medecine

La U.S. National Library of Medecine (NLM) possède sans contredit la plus grande collection de documentation biomédicale au monde. Cette collection sert de ressource à toutes les bibliothèques biomédicales des Etats-Unis. En outre, la NLM met son service de prêts entre bibliothèques à la disposition des bibliothèques canadiennes qui peuvent ainsi obtenir des photocopies d'articles publiés dans des périodiques non disponibles au Canada. Au cours des deux dernières années, le CBSS a reçu la liste annuelle des titres demandés à la NLM par les bibliothèques canadiennes. Nous examinons ces listes et recommandons l'ajout à la collection de l'ICIST des titres qui répondent aux critères de notre politique d'acquisition. Cependent, nous sommes étonnés de constater qu'un nombre appréciable des périodiques énumérés dans ces listes sont en fait disponibles à l'ICIST. Parmi les titres disponibles à l'ICIST qui sont fréquemment demandés à la NLM figurent entre autres:

- Blood reviews
- General physiology and biophysics
- Functional neurology
- Gynecological endocrinology
- Health care supervisor
- Journal of cardiovascular nursing
- Journal of diabetic complications
- Journal of human hypertension
- Journal of perinatalogy
- Life support systems
- Medical laboratory world
- Oncogene research

Cours GRATEFUL MED

Le CBSS présente actuellement un nouveau cours **GRATEFUL MED** d'une durée d'une demi-journée. Le cours porte sur les éléments fondamentaux du programme **GRATEFUL MED** et s'adresse aux personnes désireuses d'apprendre à utiliser **GRATEFUL MED** en vue d'exploiter le système MEDLARS. Il s'adresse également aux bibliothécaires qui sont souvent interrogés par leurs clients au subjet de **GRATEFUL MED**.

HEALTH SCIENCES RESOURCE CENTRE ADVISORY COMMITTEE MEETING

Claire Kelly
Merck Frosst Canada Inc.
Research Library

The Winter Meeting of the Health Sciences Resource Centre Advisory Committee was held on November 16, 1990. In attendance were Marianne Bruce (**CHLA-/ABSC**), Deidre Green (**CHLA/ABSC**), Johanne Hopper (ASTED), Claire Kelly (**CHLA/ABSC**), Vivien Ludwin (ACMC), Elmer Smith (CISTI), and Maureen Wong (HSRC)

This meeting was the last for Deidre Green, outgoing Chair of the HSRC Committee, and the **CHLA/ABSC** representative since 1986. Johanne Hopper became the new Chair; this is the first time that the Chair is occupied by a representative from ASTED.

A new representative from **CHLA-/ABSC**, Marianne Bruce from the Fort MacMurray Regional Hospital was welcomed.

Maureen reported that as of October 1990, there were 1843 MEDLARS subscribers, an increase of 444 in the last year. To date seventeen workshops have been held. Training in the Montreal area presents a problem because of the need to have available facilities for two consecutive days. The **Canadian Locations for Journals Indexed for Medline** is now available for purchase.

A Student Code programme is available to Canadian educational institutions for searching MEDLARS. About 75 student codes, which provide about 30% discount were made available to medical and graduate students, interns and physicians working with the CME programmes.

Due to budget cuts, CISTI is proceeding with the cancellation of the Excerpta Medica Abstracts; these were mainly used by onsite clients and are available online.

Maureen also reported that a short course for Grateful Med was being developed due to high demand from users.

E.V. Smith, Director General of CISTI addressed the meeting on the formulation of a mission statement for NRC ,which will impact CISTI's structure, organization and staff. He then spoke briefly on a cost study being done on CISTI's products and services. A brief discussion followed on the impact that consortia might have on the services which CISTI provides.

Johanne Hopper reported on the ASTED annual meeting. In response to a query, it was reiterated that clinical/medical

information requests can be directed to CISTI on an urgent basis as needed. A reminder is made to all **CHLA/ABSC** members that HSRC has three members from the Association who are prepared to respond to questions or problems

Maureen reported on the IMPAG meeting, an outreach programme that is in effect to ensure that physicians know the Medline is available. Maureen then explained the new pricing policy which is in effect for Medline on CD-ROM.

Alternate pricing algorithms for CISTI service, i.e. a subscription fee versus a transaction fee are to be explored. A six month survey is being contemplated by CISTI involving about 10 libraries and high speed networks

The next meeting will be in the spring.

POSITION AVAILABLE

UNIVERSITY OF BRITISH COLUMBIA LIBRARY
HEAD, WOODWARD BIOMEDICAL LIBRARY

A full-time Head is required for the Woodward Biomedical Library commencing July 1, 1991. The Woodward Biomedical Library, located in the Health Sciences Centre, provides reference, information, bibliographic, and circulation services for biological and health sciences subjects. Its staff consists of 11 librarians, and 22 support staff. The head is responsible for the organization, administration, and operation of the Woodward Biomedical Library, for development of the collections, and for liaison with UBC Library branches at the teaching hospitals and the Health Sciences Network office. Current long-range planning may result in additional administrative assignments. The head reports to the Assistant University Librarian for Public Services (Branch Libraries).

A graduate degree from an accredited program in Library Science is required. An undergraduate or graduate degree in the life or health sciences or equivalent knowledge gained through professional experience in a medical or health sciences library is required. The successful applicant will have demonstrated administrative and managerial skills, and will have at least five years of relevant professional experience in a medical or biological sciences library. Familiarity with life and health sciences bibliography, faculty-library liaison, computer-assisted reference service, collection development and library-use instruction are essential. Excellent interpersonal and communication skills and a commitment to responsive and innovative reference services are also required.

Salary will be commensurate with qualifications and experience, but will be no less than $60,000 per annum.

Term of Appointment: The successful applicant will be appointed with a confirmed appointment, provided she/he meets the necessary requirements. Otherwise, appointment will be on a two-year probationary basis.
Towards the end of that period, the incumbent will be considered for a confirmed appointment.

Applications, including a current resume and the names of three referees, should be sent to:

Erik de Bruijn
Assistant University Librarian,
Administrative Services
Librarian's Office
The Library

The University of British Columbia
1956 Main Mall
Vancouver BC
V6T 1Z1

Fax (604) 882-3893

Review of applications and the selection process will begin April 30, 1991, but applications will be accepted until a selection is made.

The University of British Columbia encourages qualified women and minority applicants. In accordance with Canadian law, this advertisement is directed to applicants who are Canadian citizens or permanent residents of Canada.

CONTRACT POSITION

FRENCH TRANSLATOR
CHLA/ABSC

CHLA/ABSC is seeking applicants for the position of French Translator for all documents requiring French and English versions. (see the Policy Paper on Bilingualism within **CHLA/ABSC**, p. 189-192.) This is a contract position, which is to be reviewed annually.

Interested individuals may submit their written application, stating qualifications, experience, and fees to:

Catherine Quinlan
CHLA/ABSC President
Director of Libraries
The D.B. Weldon Library
University of Western Ontario
LONDON, Ontario
N6A 3K7
FAX: (519) -661-3911

Deadline for submission is May 31, 1991.

WORKSHOPS

CHLA/ABSC CONFERENCE
JUNE 15-20, 1001

There is still time to register for the most exciting library event of the year! Join us in Hamilton for a stimulating week of seminars and continuing education events which will allow you to face the challenges meeting you NOW- Pay equity, strategic planning, evaluating your services, dealing with new technology and much more. Several vendors attending the conference have organized training sessions as well-check your program for EMBASE training, hands-on INFOLINE and INFODISC from CCOHS, and DIALOG databases as sources of health-related information. Note that you will need to register for these sessions directly with the vendor.

There are events to tempt the palate as well as the mind! We've introduced the "interest group lunch" - a chance to take a break from the hotel, join a small informal group for lunch and discuss your favourite library topic. Look for sign-up sheets at the hospitality desk. For a taste of the truly decadent, don't miss Chocolate Delights in the exhibit area on Monday afternoon!

If you need a preliminary program and registration information, write to Ina Mae Chan or Neera Bhatngar, **CHLA/ABSC** Conference 1991, c/o Health Sciences Library, McMaster University, 1200 Main St. W., Hamilton, Ont. L8N-3Z5.

"A CAPITOL YEAR"
MICHIGAN HEALTH SCIENCES LIBRARIES ASSOCIATION

Lansing will host the 18th Annual Educational Conference of the Michigan Health Sciences Libraries Association, on October 1-4, 1991, at the Harley Hotel. This year's theme is "A Capitol Year". For additional information or to be included on the mailing list, contact: Doris Asher, Sparrow Hospital, P.O. Box 30480, Lansing, MI 48909-7908. Phone: (517) 483-2274 . Fax: (517) 484-2273

PEOPLE ON THE MOVE

Jan Johnson has been appointed Coordinator of the newly formed Manitoba Health Information Network (MHINET). Jan completed her MLS in 1989 at the University of British Columbia. Before moving to Winnipeg, she held part-time or temporary public services positions at the Woodward Biomedical Library of UBC, the Justice Institute of B.C. Library and the Simon Fraser University Belzberg Library. She also worked on a consultancy basis in setting up the library of the Corporate Safety Dept. of B.C. Hydro.

MHINET is a program funded jointly by the Manitoba Association of Registered Nurses, the Manitoba Health Organizations and the Health Science Centre. Its mandate is to provide library and information services to organization members, including photocopying and document delivery, literature searches and current awareness bibliographies. The MHINET office is located in the Health Sciences Centre (NA110-700 McDermot Ave., Winnipeg, Man. R3E 0T2).

PUBLICATIONS

Still Available: Scientific Periodicals at the University of Toronto Libraries - 3 volumes, 26,500 titles, 15 campus locations including periodicals in the Science and Medicine Library and psychology periodicals in the Robarts Library. $125.00, plus $6.00 handling charge and GST.

Send order with cheque payable to the University of Toronto Library or request a bill to

The Secretary,
Science and Medicine Library
7 King's College Circle
University of Toronto
Toronto, Ontario
M5S 1A5

ERRATA:FACT SHEET 8

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SYMPATHIES

Our sincere sympathy is extended to Susan Hendricks and her family for the sudden loss of her daughter, Kristina Nicole Hendricks.

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FAX: (519) 893-2625

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